

**Suicide Prevention
Strategy and Action Plan
2017/18 – 2020/21**

**Of the Telford & Wrekin and Shropshire Suicide
Prevention Network**

2017/18 – 2020/21

Contents

Suicide Prevention Strategy and Action Plan 2017/18 – 2020/21	1
Introduction	3
Network Vision	5
Mission Statement	5
Background	6
Needs Assessment	8
Statistics	8
England	8
Telford and Wrekin	11
Shropshire	11
Local Engagement	13
Scoping	13
Initial Service User Focus Group	13
Network Engagement Event	15
Key Action Areas	15
Accessibility	16
Education and training	17
Sensitivity	17
Information	17
Network approach	18
Network Objectives 2016/17 - 2020/21	19
Terms of Reference	23
Telford & Wrekin and Shropshire Suicide Prevention Network	23
Background	23
Purpose of the Network	23
Network Groups	23
Governance	25
Review	26
Appendix A	27
References	29

Introduction

We are pleased to present the first strategy and action plan of the Telford & Wrekin and Shropshire Suicide Prevention Network.

The results of an individual making an attempt to take their own life are wide reaching. It is our collective responsibility to do what we can in order provide the support that people need to reduce self-harm and suicide attempts. This must be through a multi-agency approach bringing together local authorities, emergency and acute services, voluntary and third sector organisations as well as communities and individuals. We all have a role to play.

Between 2013 and 2015 there were 50 deaths recorded as suicide in Telford and Wrekin and 81 deaths recorded as suicide in Shropshire. These numbers are likely to be underestimated due to the legal necessities for categorising a suicide death.

It is clear that, although our region has a suicide rate that is similar to the national average, more work needs to be done to support those people who are at risk and those who are affected by suicide. Suicide affects all types of people and communities and is linked to a wide variety of factors including depression, alcohol and drug misuse, unemployment, family and relationship problems, social isolation and loneliness. There is also growing evidence of the association between self-harm and increased risk of death by suicide, even though many people who self-harm do not intend to take their own life. People who frequently present to hospital following self-harm are a particularly vulnerable group and are often suffering from severe depression. We also recognise there is a wider population of vulnerable people who self-harm but are unknown to health and social care services. This Strategy is therefore intended to be utilised alongside the wider Mental Health programmes and activities within Telford and Wrekin and Shropshire to be as far reaching as possible, to raise awareness of suicide risk, promote access to support services (including those bereaved by suicide) from a wide range of sources (not just health services) and provide those who have a public facing role to have confidence in signposting people affected by suicidal thoughts to the services that could best help them.

As both Telford and Wrekin and Shropshire both have particular characteristics which provide very specific local challenges, each locality will have a dedicated Suicide Prevention Community Action Group to progress the Action Plan and make best use of resources to target the most vulnerable people within our communities. This will complement the work already being undertaken to improve mental health and wellbeing in our communities with targeted work to support those most at risk to stop people reaching a point of crisis or to help them to manage times of crisis safely.

We want fewer people choosing to self-harm or to take their own lives in Telford & Wrekin and Shropshire, and so we will work together to ensure that people living in our communities feel supported by our services and each other.



Elizabeth Noakes
Director of Public Health, Telford and Wrekin Council

Liz Noakes



Professor Rod Thomson FRCN FFPH
Director of Public Health, Shropshire Council

Rod Thomson

Network Vision

***We aspire to prevent all deaths from suicide in Telford & Wrekin
and Shropshire***

Mission Statement

It is our mission to make suicide prevention everybody's business.

We feel that suicide is preventable and that every life should be saved. We will accomplish this by having a strong local partnership and drawing on the expertise of partners from the public and third sectors.

We will work together to prevent deaths at all ages as a result of suicide. We will ensure those at risk of or affected by suicide are signposted to and can access the support and agencies that they require at the right time.

We will ensure that people are provided with the support and tools that they require to ensure that self-harm and suicide are prevented whilst respecting their autonomy.

Our vision and mission statement reflect national guidance and data and also our local needs assessment which engaged those with experience of attempting suicide and the insights of those working with mental health and suicide across the public and third sector.

It is important that this strategy does not duplicate work already being undertaken and instead complements and extends current work. As a result the action plan of this strategy includes our aspirations as a suicide prevention network, and this will be shaped as appropriate to each locality by a Community Action Group. Each community action group will be able to respond flexibly to issues arising in Telford & Wrekin and Shropshire specifically and also to shape their approach to addressing the overarching actions as appropriate to their area. The wider network and Network Steering Group will be able to support and scrutinise the work being carried out by local Telford & Wrekin and Shropshire Action Groups to ensure that we can meet our vision and mission.

Background

Suicide is preventable, and its risk factors can be screened for. Suicide is now the leading cause of premature mortality in men younger than 50. Those who are bereaved by suicide are at three times the risk of making a suicide attempt themselves. Therefore the key goals for the Suicide Prevention Network are to reduce the number of people taking their own lives, to reduce the number of people choosing to self-harm and to support those who have been affected by suicide. In England it is estimated that 13 people take their own lives every day. The families, friends, colleagues and communities will be affected as a result of each of these. It is estimated that for every person who dies as a result of suicide at least 10 people are directly affected. We must ensure that individuals who may be considering taking their own lives are supported so that all suicides that could be prevented are prevented and that the numbers of those people self-harming are also reduced. Individuals choosing to self-harm are much more likely to go on to make an attempt to take their own life.

The NHS England Five year forward view for mental health¹ has set a target to reduce suicides by 10% nationally by 2020, with every local area to have a multi-agency suicide prevention plan in place. It is recognised that every area in England has a part to play in achieving this ambition whether they have high or low suicide rates, however we believe that this target should not be seen by itself as the end goal for success until we achieve the zero suicide vision.

In 2012 the Department of Health released its national suicide prevention strategy *Preventing Suicide in England*. This document provided the core of our approach to developing this strategy and action plan. Six key public health priority areas were highlighted:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

In addition, guidance from the Local Government Association² suggested a number of questions we should be asking to help inform the development of a local Action Plan (Appendix A).

In order to understand what we need to do locally we undertook a needs assessment comprising a review of national data sets and local engagement.

Our approach was also based upon Public Health England guidance which emphasised the importance of:

- establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations

¹ Five year forward view for mental health (2016). NHS England. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

² Suicide prevention guide for local authorities (2017). Local Government Association. Available at:

http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/8258652/PUBLICATION

- Developing a suicide prevention strategy and/or action plan that is based on the national strategy and the local data

The multi-agency group was established and has provided valuable insight into key local priorities. This group will continue to meet on an annual basis to review progress. This document addresses the second point.

Needs Assessment

Statistics

The information in this section is predominantly synthesised from national level statistics published by Public Health England³. A&E data from Shrewsbury and Telford Hospitals NHS Trust (SaTH) is provided to Telford and Wrekin Council on a quarterly basis. This will be used, if possible to support the network core group to enable real time surveillance. This will help us to identify areas of high prevalence of self-harm within Telford and Wrekin and Shropshire. This information can be used to identify high risk communities and it is hoped will provide a powerful tool for real time surveillance.

England

In 2014 in England there were 4,882 deaths registered as a result of an individual taking their own life, the suicide rate has remained similar since 2001, and is now 10.1 per 100,000 (2013-15). Men are at a significantly higher risk with 3 out of 4 suicides being completed by men, with the highest rate of suicide being observed in men aged 45-49. There is also a secondary peak in suicides in men aged over 75 years which is attributed to those affected by bereavement, loneliness and chronic illness. The suicide rate in men has also remained similar and is 15.8 per 100,000 (2013-15). The highest rate observed in the nationally published data shows a rate of 20.5 per 100,000 in men aged 35-64 (2013-15) and the lowest amongst women aged 15-34 (3.4 per 100,000 (2013-15). It is noted however, that in recent years there has been an increasing trend in the rate of female suicides. Individuals from more deprived socioeconomic groups and areas are at far greater risk of taking their own lives or self-harm. Effective identification and appropriate treatment and support for those with a history of self-harm can reduce the number of suicides as those with

³ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000005/ati/102/are/E06000020>

a history of self-harm are at the greatest risk of taking their own life. Greater risk of suicide is also observed in those with mental ill-health and substance misuse.

There are several other key risk factors that increases an individual's likelihood of attempting suicide including access to means, chronic illness (including severe mental illness) and occupation (particularly doctors, vets and farmers). Recent evidence from Public Health England⁴ identified that the lowest skilled occupation males have the highest risk of suicide compared to the national average. In addition males in labourer or construction roles have three times average risk whereas those in skilled trades (such as plasterers, painters and decorators) have double the average risk of suicide. The greatest occupational risk for suicide by females was found to be in the nursing profession with female primary and nursery school teachers having an elevated risk. The evidence also found both males and females working in culture, media, sports occupations, entertainers and performers to have a higher than average suicide risk. There is therefore opportunity to reach people through support in the workplace.

Time spent in prison is associated with an increased risk, and although the risk is managed whilst prisoners remain incarcerated or in probation approved premises, those who are released directly into the community are often particularly vulnerable. There are opportunities to intervene to reduce the risk of suicide and self-harm in those in contact with the criminal justice system including during custodial incarceration, stays in prisons and in particular after release. Sattar (2001)⁵ found that in England and Wales, that community offender suicide rates were then seven to eight times higher than the general population rates, and also slightly higher than for prisoners, while. Pratt et al (2006)⁶ also found that offenders who had been recently released from prison into the community had higher rates of suicide than the general population. Upon release many individuals who are at risk struggle to access mental health services as they are not registered with a GP and cannot follow the usual

⁴ Briefing on Suicide Prevention – launch of PHE supported Business in the Community and Samaritans suicide prevention and postvention toolkits alongside ONS research on suicide by occupation (17th March 2017)

⁵ Sattar, G. (2001). Rates & causes of death among prisoners and offenders under community supervision. London: Home Office

⁶ Pratt, D., Appleby, L., Piper, M., Webb, R., Shaw, J. (2010) Suicide in recently released prisoners: a case-control study. *Psychological Medicine*. 40(5), 827-835

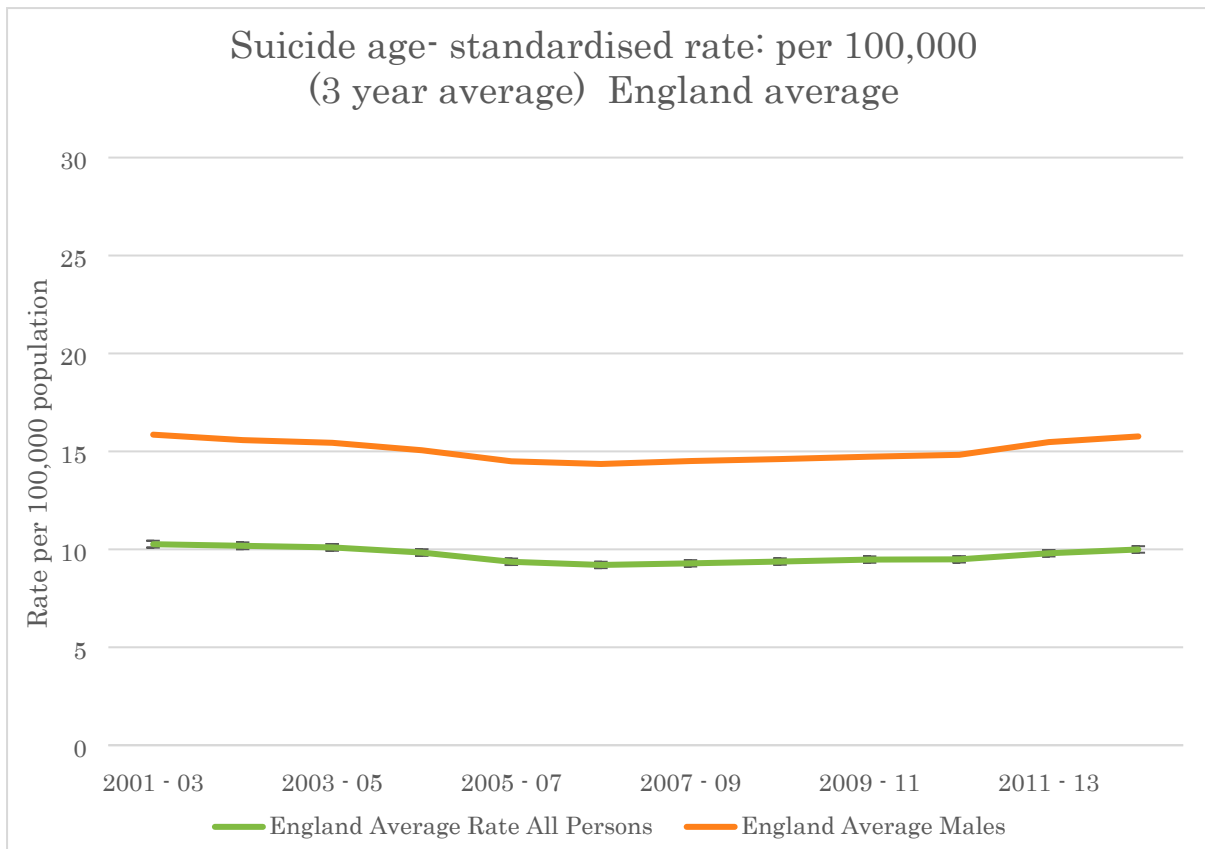
pathway. Finally, those bereaved by suicide are a three times the risk of taking their own lives, particularly parents and carers.

For children and young people the picture is a little different. In general suicide rates in children and young people are low in England with a total of 145 suicides in England between 2014 and 2015. This is lower than 10 years ago, however the fall in suicides in children and young people occurred in the early 2000s and has been plateaued since 2006. Those in their late teens were at greatest risk and 70% of those who died were male. A quarter of those who took their own lives had suffered bereavement, 13% by the suicide of a friend or family member. 36% had a chronic health problem with the most common being asthma and acne. About a third of those taking their own life were also under academic stress, particularly exam related stress. Bullying and social isolation were both identified in a quarter of those who took their own life. Over half of those children and young people who took their own lives (54%) had self-harmed and 27% described contemplating suicide in the week before their death. 43% were not known to any agency. Evidence from a study on teenage suicide⁷ found that young people who took their life or attempted suicide had used the internet for methods or discussed intention in online forums. Although bullying and academic stress are noted as key risk factors in under 18s, alcohol and drug use becomes a key risk factor in 18-19 year olds. The majority of those taking their own life did so by hanging/strangulation (63%) followed by jumping/multiple injuries (21%). Overdose/self-poisoning accounted for 5%. As a result of this targeted work in both schools and higher educational institutions within our region is important.

It should be stated that national level suicide data has limitations and is likely to underestimate the true rate of suicide. This is due to the legal necessity for Coroners to be able to prove beyond reasonable doubt that the cause of a death referred to them is suicide. Consequently some deaths may be recorded as open, narrative, alcohol/drugs related or road traffic collision despite suicide being a potential factor in the death.

⁷ Rodway et al. Suicide in children and young people in England: a consecutive case series (2016). The Lancet Psychiatry

The graph below demonstrates that rates of suicide have been flat since 2001 but with an increasing trend since 2008 (following the period of recession) in England, and that the suicide rate for males is significantly higher.



Telford and Wrekin

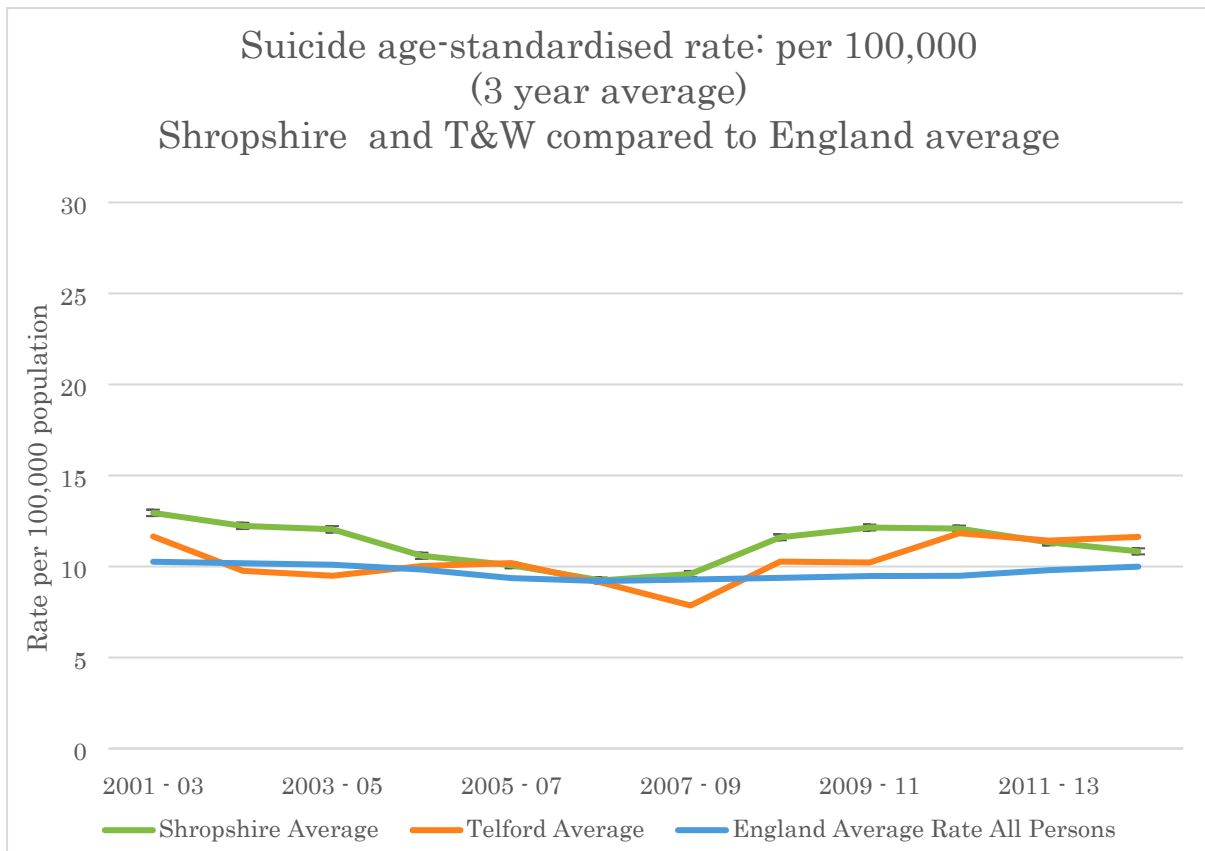
Between 2013 and 2015 there were 50 deaths recorded as suicide in Telford and Wrekin of whom 39 were men and 11 were women. In quarter 1 and 2 of 2016/17 there were 449 admissions to SaTH A&Es that were recorded as self-harm. Of these 392 were poisoning and 57 were as a result of injury.

Shropshire

Between 2013 and 2015 there were 81 deaths recorded as suicide in Shropshire of whom 61 were men and 20 were women. In quarter 1 and 2 of 2016/17 there were 389 admissions to SaTH A&Es that were recorded as self-harm. Of these 334 were poisoning and 55 were as a result of injury.

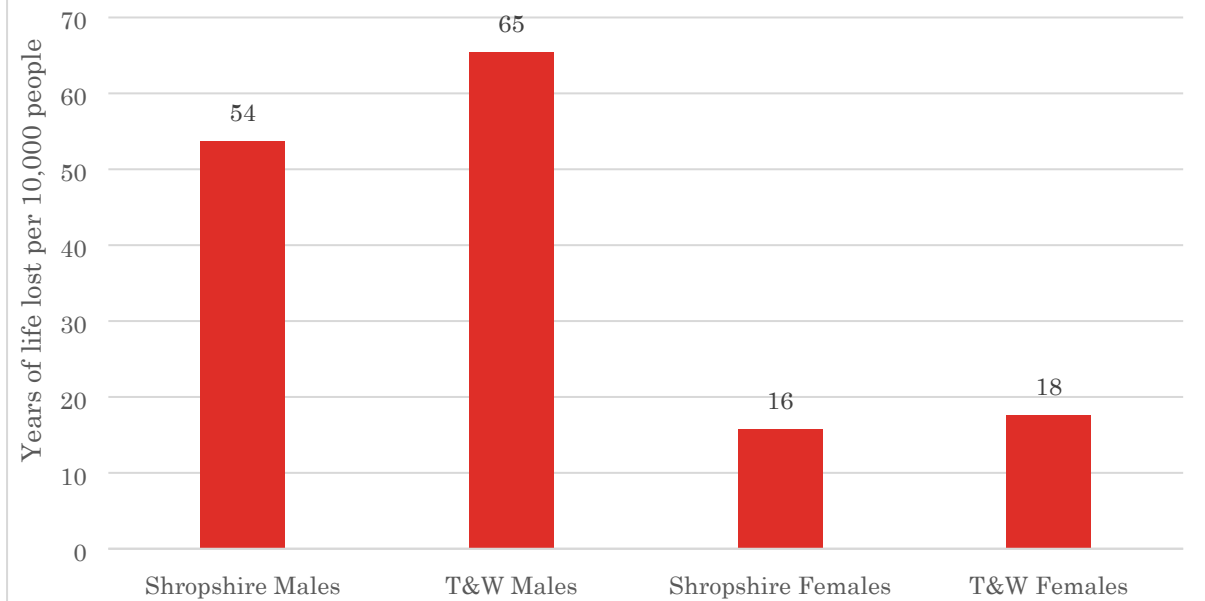
The following graph compares suicide rates in Telford and Wrekin and Shropshire to the national suicide rate. As can be seen the rates in Telford and Wrekin and Shropshire have shown a greater degree of variability than the England average, this

is likely due to the smaller numbers in our areas. We are not statistically significantly different from the England average in terms of our suicide rates, but this rate is still too high and we must bring it down.



The final graph once again highlights the differences between the genders in terms of the number of years of life lost across our populations.

Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) in Shropshire and T&W by Gender in 2012-14



Local Engagement

Scoping

Informal meetings were held with relevant organisations working in and across Telford & Wrekin and/or Shropshire. This allowed us to scope what we needed to know in order to bring together a suitably representative network. This shaped who was invited to participate, but also highlighted the need for early engagement with a service user group to gain additional insight into the needs of those who had experience of self-harm or having attempted suicide in the past.

Initial Service User Focus Group

A focus group was held to engage with people who had experienced of self-harm or having attempted to take their own life. We met with a broad range of individuals who had a range of experiences when they had come into contact with different parts of the system.

Several themes emerged from the comments recorded at the focus group and these were:

- Accessibility

- Although many of those attending were already in contact with mental health and crisis services it was difficult to know how they could access the services that would offer them the support that they needed at the time that it was needed.
- There was a lack of signposting to services, particularly when stepping down from inpatient care back to the community
- There was acknowledgement that help is out there – but information around how to access it was lacking
- The time when the greatest help is needed is during the night, particularly the small hours of the morning, yet this is the time when the least help is accessible
- Access to the means of suicide however was regarded as easy, particularly paracetamol and/or codeine – though it was noted that if retailers enforced the maximum of 1 pack of paracetamol rule then it reduced the likelihood of an attempt at self-harm
- The best support and guidance comes from those with shared experiences
- Sensitivity
 - It was felt that emergency and acute services often seemed to regard individuals who had attempted to take their own life or self-harm as wasting their time
 - Many of those in crisis will “self-medicate” and often the underlying mental health problem is not identified by acute services who seek to treat the substance misuse. This was noted as being particularly true in the case of the police
 - There is a need for a safe space, where those at risk can recover and then receive support and signposting
- Stigma
 - It remains difficult for people to disclose mental health issues and to talk about suicidal thoughts
 - Peer support is important in supporting both recovery and mental health issues

Network Engagement Event

On 6 September 2016, 56 attendees from a wide range of organisations participated in group discussions on the priority areas for suicide prevention in Telford & Wrekin and Shropshire. Organisations represented included the police, fire service, Telford & Wrekin Council, Shropshire Council, Shropshire CCG, Telford & Wrekin CCG, SSSFT, Shropcom, Healthwatch, Public Health England, Child and Adolescent Mental Health Services, Citizens' Advice, DWP, Network Rail, both the Telford and Wrekin and Shropshire branches of the Samaritans, Shropshire Seniors, Stay, Mind, Touched By Suicide, TACT, Big Red's House and many other third sector organisations.

Discussions were undertaken in multi-agency groups in discussion sessions covering 3 broad areas that were intended to cover the 6 priority areas from the national strategy. These discussion areas were:

- Reducing risk and improving access
- Supporting those affected by suicide
- How do we work together and where do we go from here?

Within each of those areas attendees were asked to discuss good practice that was currently being undertaken within Telford and Wrekin and Shropshire, what gaps there were and what opportunities there were.

A great deal of feedback was collected to inform this strategy and allowed the synthesis of our key action areas. Most encouraging was the enthusiasm and energy in the room from all sectors to work more closely together.

Key Action Areas

As a result of our local engagement work we have identified the following key action areas that will provide the template for a pragmatic multi-agency action plan:

Accessibility – better signposting and easier access to appointments, specialised services in the community and tailored care

Education and Training – improve the skills of the workforce and empower people to talk about mental health, self-harm and suicide

Sensitivity – ensure that front line staff are able to assist people in crisis to get the support that they need and break down barriers

Information – improve the way that information is shared between different agencies and get the right information to those who need it at the right time

Network Approach – get groups and organisations working collaboratively to prevent the preventable

These areas are drawn from group discussions from the multi-agency stakeholder event and the service user focus group improving communication was a cross cutting theme.

Accessibility

We will develop a community based, holistic approach to support people to manage effectively at home by addressing wider issues such as resilience and wellbeing, housing, debt etc. to ensure that individuals with mental health or substance misuse problems can be managed by appropriate expert services so that their current situation can be prevented from escalating.

Where there is a need for more specialised support services it is key that referral and signposting takes place ensuring that a “right place, right time” approach is taken including making better use of specialist 3rd sector organisations to manage complex situations. We will support this joined up approach in our network action groups.

We will work with partners to ensure that care that is delivered is specific and appropriate for the individual and their families.

Particular priorities in this area are reducing the risk in men and other vulnerable groups, preventing and responding to self-harm and improving access to services. We will gather data to help to make clear the needs of these groups within our

region, and carry out targeted engagement work to understand and meet their needs.

Education and training

We will support work to upskill the workforce in order to empower all front line staff across Telford & Wrekin and Shropshire to feel that they can discuss issues around mental health and suicide. Including but not limited to housing, environmental health, social care, benefits, drug and alcohol workers, CA, food banks etc.

We will disseminate information about what services and pathways exist across the patch to enable smarter referrals and signposting to take place to ensure that the needs of those who have attempted suicide or self-harm, are contemplating suicide or self-harm or have been affected by suicide.

We will provide support and training so that those working in primary care can both recognise risk factors and provide timely and appropriate treatment is key.

Sensitivity

Sensitivity of frontline staff has been highlighted as something that can prevent people who are in crisis from accessing the support they need, particularly when combined with substance misuse issues.

Staff groups mentioned by service users and that we will target include (but are not limited to) A&E, the police, housing agencies, debt advisors, job centres and GP receptionists. We will also ensure that GPs are engaged and that targeted work and support is provided for schools, colleges and universities.

We will work with the media and other partners to continue to reduce the stigma associated with discussing suicide and self-harm.

Information

Information sharing is patchy and improving this would enhance the care received by individuals accessing services. We will use our network approach to improve data collection, use and sharing.

The network will regularly review data collected and received on suicide is so that areas of high prevalence can be identified and responded to.

Working collaboratively with the media is essential. We will work with local and national groups to support best practice in communication with and by the media.

Network approach

There is a strong desire for a network approach to take forward a suicide prevention strategy and action plan and we must harness that enthusiasm to make a difference in Telford & Wrekin and Shropshire.

This approach will include a wider network and a core strategic group.

We will link in with existing networks.

We will have multi agency Community Action Groups in Telford and Wrekin and Shropshire. The respective Community Action groups will be in a position to review suicides and respond rapidly to hotspots including developing local community action plans

DRAFT

Network Objectives 2016/17 - 2020/21

Work Stream	Domain	Key Milestone	RAG rating	Group Lead	Completion date
Accessibility	Easier access to support	Support those at risk of self-harm and suicide to prevent escalation and/or crises			
		Ensure access and signposting to the wide range of services to support adults through crisis			
		Ensure access and signposting to the wide range of services to support children through crisis			
		Ensure access and signposting to psychosocial assessment for self-harm patients – this is likely to be fulfilled by RAID			
		Collaborate with the National Probation Service and the Community Rehabilitation Company (CRC) on the development of a pathway for those leaving prisons with identified suicide or self-harm risk who do not have access to health services			
		Consider collaborative commissioning of organisations that can provide support across the region to fill identified gaps			
	Community approach	Develop links with schools, particularly those with responsibility for safeguarding to reduce risk for children and young people			
		Support those at risk of social isolation			
		Develop database of what local services are available and what work they do			
		Provide support and training for those working in services where individuals at risk of self-harm and suicide are likely to present – such as food banks, CA, etc.			
	Tailored care	Target high risk groups of men to reduce risk			
		Target vulnerable groups			
		Safeguarding of those who have been released from prison			

		Target people who misuse drugs and alcohol			
		Identify additional support needs of other underserved groups including BME groups and LGBT			
		Provide support to those affected by suicide			
Education and Training	Improve workforce skills	Provide MECC training on emotional health and wellbeing			
		Look to have mental health first aiders in the workplace			
		Support front line clinicians in providing care in line with NICE guidance			
		Provide training for GPs in identification of risk factors for suicide and self-harm			
		Provide training for probation staff (CRC and NPS) on recognition of suicide and self-harm to enable them to complete robust suicide risk assessments			
Sensitivity	Front line staff	Ensure that staff who may be the first point of contact for people contemplating suicide or self-harm are providing sensitive and supportive care to ensure that those in need continue to access services			
		Ensure that those providing treatment offer support and signposting/referral as appropriate			
Information	Information sharing	Collate and review data including self-harm statistics and coronial data where possible			
		Ensure all partners are informed of the work of other agencies			
		Continue to improve data sharing – particularly with the Coroner and other key data sources to improve understanding and mapping of local need			
		Develop data sources to understand the demographics of higher risk groups particularly LGBT groups where this data is not routinely collected			
		Develop and understanding of how 3 rd sector providers can be engaged and involved when they are not commissioned by			

		statutory services			
	Supporting the media	Work collaboratively with the media to reduce stigma			
		Work collaboratively with the media to reduce the likelihood of contagion and/or imitation			
		Identify a media champion who will engage with local media			
		Liaise with Lorna Fraser, Samaritan's Media Advisor if there is uncertainty about how to respond to an issue or if there are difficulties with the media portrayal of an issue (l.fraser@samaritans.org)			
	Supporting those affected by suicide	Ensure provision of and signposting to timely and appropriate support			
Supporting families, carers and colleagues of those who have attempted to or have taken their own life					
Network Approach	Network Steering Group	Identify permanent chair			
		Agree strategy and action plan			
		Review and critique the work of the Community Action Groups			
	Wider Network	Agree timing of AGM/annual workshop			
		Review priorities at AGM/annual workshop			
	Network Technical Group	Link with existing networks and report as appropriate			
		Disseminate strategy and action plan when agreed by network			
		Provide recommendations/ briefings as requested/required			
	Telford & Wrekin and Shropshire Community Action Groups	Develop local community action plans to address the aims of the strategy			
		Respond rapidly to suicides within the area and coordinate community responses to hotspots/contagion			
		Involve primary care representation			

Terms of Reference

Telford & Wrekin and Shropshire Suicide Prevention Network

Background

- Reducing the number of lives lost to suicide in Telford & Wrekin and Shropshire is a priority for both Local Authorities and CCGs
- Guidance published by Public Health England on the development of a local suicide prevention strategy and action plan highlights the importance of forming multi-agency suicide prevention network
- It has been agreed that there will be a core steering group within a wider network
- This wider network will meet annually but be engaged with by the steering group virtually between meeting

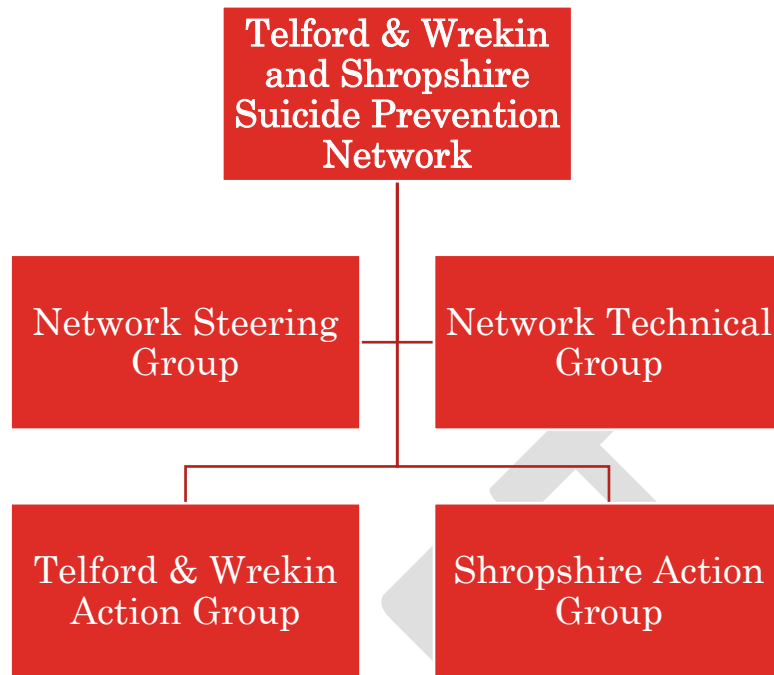
Purpose of the Network

- Work to support the action plan to reduce the number of lives lost to suicide within Telford & Wrekin and Shropshire
- Work collaboratively across statutory, emergency and third sector organisations to take forward the agreed action plan
- Share best practice and resources to deliver on the action plan
- Be a collective and representative voice to respond to regional and national policy on suicide prevention
- To review data sources in order to be able to rapidly respond to hot spots or contagion so that a tailored community action plan can be developed
- To review the action plan to ensure that it continues to be fit for purpose
- To develop a common understanding of current and emerging issues around suicide

Network Groups

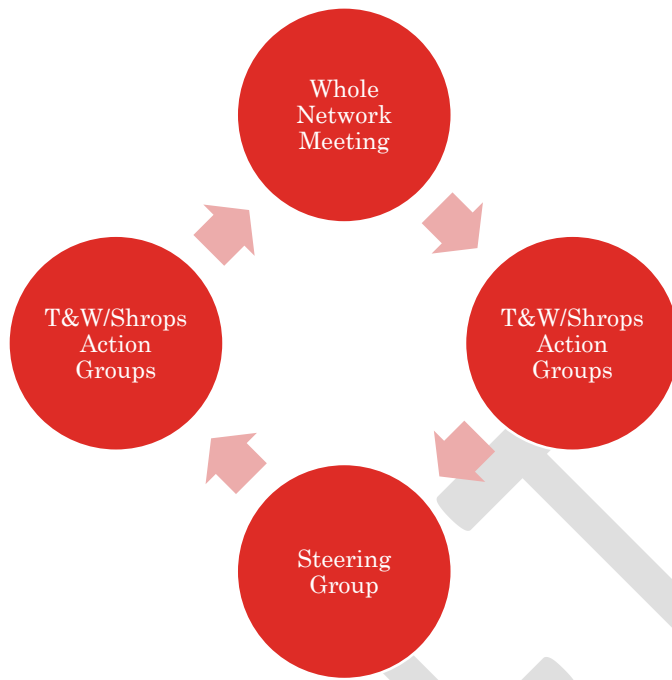
- Telford & Wrekin and Shropshire Suicide Prevention Network
 - Open group of all interested partners across Telford and Wrekin
-

- Meets once per year to share updates, local information and networking
- Can be used to define new priorities for the coming year
- Network Steering Group
 - Smaller group of identified representatives and partners across public and third sector organisations
 - Oversee delivery and development of action plan
 - Chaired by non-local authority representative with two vice chairs, one from each local authority
 - To include named representatives from:
 - SaTH
 - SSSFT
 - Shropshire Community Trust
 - Police
 - Fire service
 - Ambulance service
 - Telford & Wrekin CCG
 - Shropshire CCG
 - Third and voluntary sector organisations
- Network Technical Group
 - Steering Group chair and the two vice chairs
 - Set agenda for Community Action Groups
 - Provide administrative support and resources including venues
 - Provide reports to appropriate boards as and when requested/required by governance e.g. Mental Health Concordat, Crisis Network etc.
- Telford & Wrekin/Shropshire Action Groups
 - Separate groups for Telford & Wrekin and Shropshire
 - Led by local authority representative/Steering Group Vice Chair
 - Define local actions to address the broader outcomes defined by the Network and strategy
 - Develop community action plans in the event of identified hotspots
 - Feed into the Steering Group and Network



Governance

- There will be quarterly meetings as follows:
 - Whole network meeting
 - Patch based meetings led by vice chairs in Telford & Wrekin and Shropshire
 - Full steering group meeting providing opportunity for shared discussion around and scrutiny of the work being undertaken in the 2 patches
 - Community Action Group meetings led by vice chairs in Telford & Wrekin and Shropshire
- In between larger meetings the wider network shall be kept informed of ongoing work virtually



Review

- These terms of reference will be reviewed annually

Appendix A

Local Government Association: Suicide prevention

Questions for developing an Action Plan

1	What level of understanding of suicide do local councillors, directors of public health (DPH) and CCGs have?
2	Is there a local councillor with specific responsibility for suicide prevention?
3	Have you got a suicide prevention strategy and action plan in place?
4	What is the rate of suicide among the general population in the local authority area and what is the current trend in suicide rates showing?
5	Is information available on the rate of suicide among different groups and gender, eg middle-aged men?
6	Are any data collected on attempted suicides within the local authority area? If so by whom? Are these data shared with other agencies?
7	Have you set up a multi-agency suicide prevention partnership?
8	What other local agencies and partners are members of this group or network, or are consulted as part of any suicide prevention activity (eg police, GPs or other professionals working in primary care settings)?
9	Is suicide prevention included in the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)?
10	Do JSNAs adequately identify action to support people at risk of suicide or suicidal behaviour within the local population?
11	How are you working with schools and colleges?
12	Are you developing suicide prevention awareness and skills training for professionals in primary care and local government (housing, environmental health, social care, benefits, etc) and other services that may come into contact with individuals at risk of suicide? If so, what groups of front-line staff have had such training? Does it involve the local community?
13	Are you providing training to frontline staff who come into contact with those at greatest risk of suicide, such as drug and alcohol workers?
14	How are you supporting those affected by suicide?
15	Could you target certain high-risk professions?
16	Are you working with the local media, press and broadcasters to ensure responsible reporting of suicides?
17	Have you identified high-frequency suicide locations? <ol style="list-style-type: none">What steps have been considered or taken to reduce the risk of suicide at such locations?What other agencies are involved in supporting this preventative action at high risk places?

18	Does the local coroners' office support preventative action at local level? If so: a. Are coroners formal members of any groups or networks that exist? b. Do they provide access to coroners' records of inquests for local analysis or audit purposes? c. Do they involve or inform the local authority or DPH if they identify (at inquest proceedings or earlier) particular areas of concern, eg locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide?
19	Are you providing or can you signpost families to bereavement services?

DRAFT

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Shared best practice from across the network

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